

NUTRITION TEACHING IN MEDICAL SCHOOLS: THE STUDENT PERSPECTIVE*

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At Cornell University Medical College, nutrition is taught primarily during the first two years in integrated courses and in the course work of biochemistry, anatomy, and pathology. In addition, several elective courses are offered by various departments which deal with nutritional problems in hospital patients.

This same type of curriculum occurs, for the most part, in most medical schools in the New York City area. What, therefore, is the problem? Why do students graduate from medical schools in this area with little or no knowledge of nutrition? The problem is one of marketing.

The student in his first two years of medical school has acquired a great deal of information regarding the nutritional needs and problems of the human body. This information is tested somewhat heavily on part one of the qualifying examination given by the National Board of Medical Examiners.

Most students bring this information to their third year clerkships. It is here that the students' teachers, who themselves are insufficiently trained in clinical nutrition, brush aside the students' attempt to correlate basic science information with clinical medicine. Severe nutritional problems are quickly referred to the hospital's nutrition service, and the student's interest in nutrition quickly withers and dies. This same scenario has been reported to me by students from all the medical schools in New York City.

One part of the problem is the timing of nutrition education in medical school. Clinical nutrition should not just be a part of the basic sciences; rather, it should serve as the gateway between the basic sciences and the

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clinical clerkships. It is one of the few subjects in medical school that must be taught in all four years to be mastered properly, and, as such, would be extremely useful in helping the student adjust to the clinical setting of the hospital.

The uniqueness of clinical nutrition must be exploited by medical educators. With the wealth of nutritional problems that exist in the City of New York, there would be no problem in locating house or outpatients for teaching rounds. At Cornell University Medical College, classes are divided up into small groups of three to five students to teach various clinical skills toward the end of the second year. This could also be accomplished to take students on nutrition rounds and to begin to shape the facts learned in the first two years into clinical expertise. By doing this, one not only gives the student something extremely valuable but will make that student physician cognizant of nutritional problems no matter what specialty he chooses.

Another part of the problem is the lack of desire on the part of medical school teachers to teach clinical nutrition. This can only be remedied by the administrations of the various medical schools in this area. Clinical nutrition must be emphasized as an important part of the medical school curriculum, not just a superfluous part of the basic sciences or a topic for best-selling book lists.

Marketing is, in my opinion, the current problem with nutrition education. Physicians, teachers, and administrators alike must begin to realize the importance of nutrition in the education of medical students, not as a lecture series or a slide show but as a subject necessary for the proper education of the physician-in-training and a subject useful in the melding of scientific fact and clinical experience. Nutrition must be properly marketed by administrators and professors and presented to medical students as an integral part of their education.